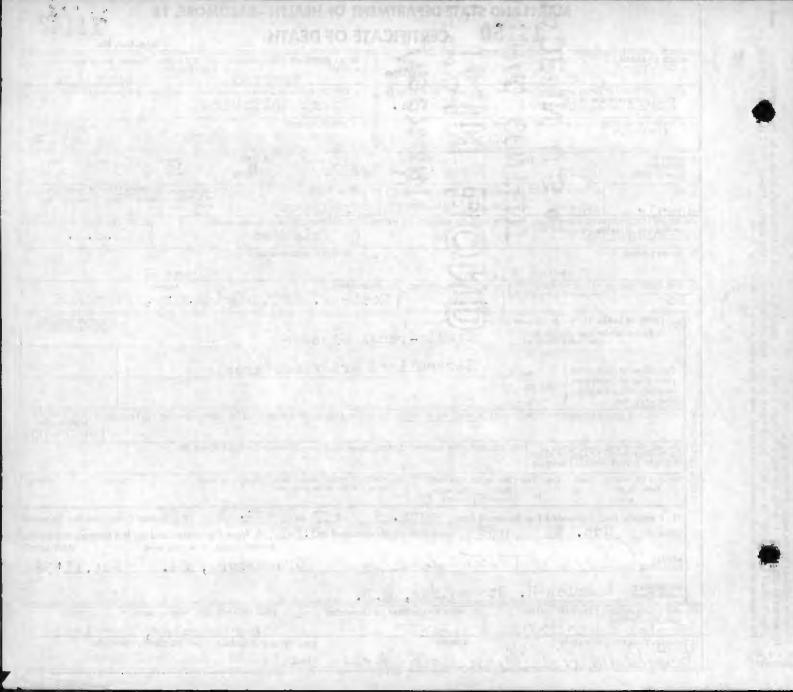
VS A15 (4) 15M 10/57

00

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
11150	CERTIFICATE	OF	DEATH	

				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		II A STATE		ution: Residence before admission)
Carol	ine MARYLAN	(D) 9.7	ryland b. COUNT	Caroline
b. CITY OR TOWN (If outside corporate lim	c. LENGTH OF STAY IN T		oldsboro	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street oddress) None	d. STREET ADDRESS	None	e. IS RESIDENCE ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print) Myra	Fleming Middle	Bradley		O 8 Doy Yeo 58
S. SEX 6. COLOR OR RACE Female White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. AGE (In year lost birthday)	Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired HOUSEWITE	done 186. KIND OF BUSINESS OR IN NOne	Delay		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	· ·
Nathan	Fleming		No Rece	ord
(Yes, give war or dates of		7. INFORMANT Rosie B. Sn	nith Goldsbo	ro, Maryland
couse (a), stoting the under-	Generaliz	enal Disease wed Arterios		INTERVAL BETWEEN ONSET AND DEATH
5				FIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury	in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Ye Hour o. m. 19 p. m. 19	oor 20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY IHome, for foctory, street, affice bldg.,	etc.)	(County) (State)
21. I certify that I attended the alive on Oct. S ACTUAL SIGNATURE SIGNATUR	1958, and that de	ath occurred oB:30		
220. BURIAL CREMATION, 226. DATE THERECE REMOVAL (Specify) Burial 10/11/		Y OR CREMATORY	22d. LOCATION (City, town,	
FUNERAL DIRECTOR'S SIGNATURE	Thooms Oroso.	Med. DATO		GISTRAR'S SIGNATURE



H

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	Ale de	TAT	CERTI	FIC	ATE OF DE	ATH			Reg. D	ist. No	٠.	
1. PLACE OF DEATH o. COUNTY	Ca rol	line	MARY	LAND	2. USUAL RESIDENCE O. STATE ME		land	lived. If instituti b. COUNTY	-	80.	ine	
b. CITY OR TOWN (If RURAL and give nea	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOW	/N (If or	utside corpor	ote limits, write R	URAL ond	give ne	grest tow	m) .
	eensboro		15 Yrs		X Rural	G	reens	horo				
d. NAME OF HOSPITA OR INSTITUTION	None	ive street o	ddress)		d. STREET ADDR	ESS	None				ON /	SIDENCE A FARM? NO C
3. NAME OF DECEASED (Type or print)	Charl		Middle		Dennis		4. DATE OF DEATH	Mor 10	ith .	190	Jy	Year 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRIE		8. DATE OF BIRTH 3/30/188	30		9. AGE (In years loss burthday) yrs.	Months	Days	Hours Hours	ER 24 HRS. Min.
Retired 1	(Give kind of work of glife, even if refired AVETH KE	eper	CIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE Virgi			untry)		S.		TCOUNTRY
13. FATHER'S NAME					14. MOTHER'S MA	IDEN N	AME					
Al	bert Der	mis			Sar	rah	Emer	y				*
15. WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or dates of t	CES? 16. S	None		nformant na Denni	s	Gre	ensbor		arv	lan	đ
PART I. DEATH	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO)	e for (o), (b), and (c).	Gar	ngrene of					INT ON:	ERVAL BI	ETWEEN D DEATH
Conditions, if on gove rise to im couse (o), stating th lying couse lost.	mediate DUE TO)		Ger	ripheral meralized	Ar	teri	osclero	sis			
PART II. OTHE	R SIGNIFICANT CON	DITIONS CO			NOT RELATED TO THE		NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o)	PERFO	AUTOPSY DRMED?
	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DESC			D. (Enter nature of inju		ort I or Part	() of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. IN While of work	JURY OCCURRED Not while of work	20e. PL for	ACE OF INJURY (Home ctory, street, office bld	e, farm, g., etc.)	20f. (City	or lown)	(County)		(State)
21. I certify that alive an Oct	t I attended the	decease	d from Jan.	15 death	accurred at 11	Oc P	t. 19	1958 the causes o	,that I	last so	aw the	deceased
ACTUAL SIGNATURE	Carle X	Sto			M.D. Gr		ADDIKESS (SI	reet, city or town,	stale)	_	0/2	2/58
PHYSICIAN'S CH	narles H.	Sto	nesifer,	M.	D.		of lates spring high. They some place which was					
220. BURIAL, CREMATION REMOVAL (Specify) Burial	10/23/		22c. NAME OF CEME					ION (City, lown, o	-	22723	(Sto	te)
23. DNERAWDIRECTOR'S		20	ADDRESS		MA 240		BY REGISTI	RAR 24b. REGI	STRAR'S SI		RE RE	

HYMRA FOR ETTLINE THE THE PARTY OF THE Secretary of the Control of the Cont π ο ξ

VS A15 (4) 15M 10/57

		7	-	4
			-	1
equires that the death certificate be executed within 24 hours after death. Page 4		signed by the ottending physician and completely filled in by the fractor,	it permit. Then please remave carbon papers. Pages 1 and 2 shall be filed with	(
deoth		gero	oe l	
offer		the	sh	1
hours		in by	and 2	
110 Z4		Filled	ges 1	
WITH I		letely	. P.	
ecule		comp	poper	oth.
Se ex		puo	Bon	et de
cole		Sicion	ve cd	7
certifi		g phys	remai	2 ha
deoth		Itending	pleose	id in any event within 72/harm offer death
9		he o	hen	ent
D.		by	÷.	ıy ev
quires		igned	perm	io uj
415	6	277	-	0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11152

CERTIFICATE OF DEATH

								Kag. Di	21, 010,		
1. PLACE OF DEATH o. COUNTY	Caroline		MARYLAND	2. USUAL RES		yland	lived. If instituti b. COUNTY	on: Resider	lin	e odmissi .e	ion)
RURAL and give n	If outside corporate limit ecrest town) ISDOTO	s, write	c. LENGTH OF STAY IN 16		town (if eens?		rate limits, write R	URAL ond	give near	rest lown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g None		oddress)	d. street address None o. is residuon A F/ YES D							FARM?
3. NAME OF DECEASED (Type or print)	Herman	it	Middle E •	Euker	ost	4. DATE OF DEATH	Mon 10		28 19 58		
s. sex Male	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIR 7/8/1			9. AGE (In years last-birthday) yrs.	Months	Doys Doys	Haurs	R 24 HRS. Min.
during most of wor	ON (Give kind of work of king life, even if refired)	lone 10b.	KIND OF BUSINESS OR INDU None	1	W YOU		untry)		S.A		COUNTRY
13. FATHER'S NAME	Henry :	Euke	r	14. MOTHER			eanrich	1			
1S. WAS DECEASED EVE (Yes. no. or unknown) NO	ER IN U. S. ARMED FOR- (If yes, give wor or dates of se		SOCIAL SECURITY NO. 17. 1 57-07-0128A	Jose	ph S	impso	n Green		٠٥,	Md.	
Conditions, if a gave rise to couse (o), stoling lying couse lost. Part II. OT	the under CON			9	otic	Cardi	OVASCU.			PERFO	
-	AS UNDERLYING (1) G (1) CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yec 19		Not while fo	ACE OF INJURY	IHome, farnce bldg., etc	n, 20f. (City	or town)		County)		(State)
actual signature	Charles H	Fore	- 4	M.D.	10 A	M, from	reet, city or town,	ind on t		e state	
Burial CREMATIC	DN, 226. DATE THEREO	f 58	22c. NAME OF CEMETERY C	DR CREMATORY		220. LOCAT Ridge	lon (City, town,	or county)	nd	(Stote	2)
23 JUNERAL DIRECTOR		reo	ADDRESS MANDEN	Med.	24a. REC	D BY REGISTI		STRAR'S SI			

TO PERSONAL MARKET FOR THE REPORT OF A STATE OF A SYNAM OF A THE STATE OF A SYNAM OF A STATE OF A SYNAM OF A STATE OF A SYNAM OF A S the property of the second sec the state of the second st

M

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8

CERTIFICATE OF DEATH

11146

	TT	199	CERT	IFICA	ATE OF D	EATH			Reg. D	ist. No.		
1. PLACE OF DEATH	aroline		MAR	YLAND		Maryl		d lived. If institu b. COUNT		nce befo		ian)
B. CITY OR TOWN	(If autside corporate limi	ls, write	Life	Y IN 1b			on - I	rote limits, write	RURAL and	give nec	orest fawr)
d. NAME OF HOSPI OR INSTITUTION	Near Howa:				d. STREET A		rd's	School			o. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Mar	g-	Jane	•	Hayne		4. DATE OF DEATH		ober	D ₀	2 Year 2 19 58	
5. SEX Female	6. COLOR OR RACE Negro	7. MARR	DIVORC		B. DATE OF BIRTH		1871	9. AGE (In years last birthdoy) 86 yrs	Manths .	Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATI during most of wor Housev	ION (Give kind of work rking life, even if retired NOTK	done 10b.	Home	OR INDU		line	3	daryland		U.S.		COUNTRY
13. FATHER'S NAME	iam Beulah				14. MOTHER'S	MAIDEN N						
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	0. 17. 1	NFORMANT	a nor	ner.	Ad	dress			
Yes, no. or unknown)	(If yes, give war or dates of	anuse!	212-16-767	1	ary M. F	lamer	. Pre:	ston. Ma	rylan	d. R	.F.D	
	immediate (DUE TO	H	e for (o), (b), and (c) EREB,	RA	L HE	EMO	RR	HAGE		Z	S /C	TWEEN DEATH
NOTES		DITIONS C	CRIBE HOW INJURY						IVEN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED? NO
20c. TIME OF INJU	RY Month, Doy, Ye	ar 20d. II While at war	NJURY OCCURRED Not while k at wark	20e. PL	ACE OF INJURY II	Home, form, bldg., etc.	20f. (Cily	or lown)	~2	(County)		(State)
21. I certify to alive an actual signature Physician's NAME (Type)	hat I attended the	18.4 M 5/	28, and that all		8, 195) accurred at. M.D. 50			n the causes treet, city or low	and an		te state	
REMOVAL (Specify Burial	Uct. 5,				R CREMATORY Cemeter		Near	Federa	lsburg	, M	eryl.	
23. FUNERAL DIRECTOR J.J. Frampt	ers signature com and Son,	Fede	aralsburg,	Mary	land	24o. REC'E	BY REGIST		SISTRAR'S S			

VS A15 (4) 15M 9/55 Land of the second of the seco

. IS RESIDENCE

Hours

YES NO DE

Year

19 58

Caroline

Doys

Reg. Dist. No.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12. CITIZEN OF WHAT COUNTRY? U.S.A. William Hicks, Jr., Preston, Maryland, R.F.D. INTERVAL SETWEEN ONSET AND DEATH men WAS AUTOPSY PERFORMED? YES TI NO TH (County) (State) 10112 1958 that I last saw the deceased A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (State) Near Preston, Maryland 24b. REGISTRAR'S SIGNATURE Orthur S. Krous DATE OCT 1 7 '58

		THE OF DEATH	A 2 -
	na:		
	E.	42	
Alexander of	Call I		
1			
	100		
			25.00
			A STATE OF THE STA
			An Againment

I			
meral director,	be filed muth	M)
	150		

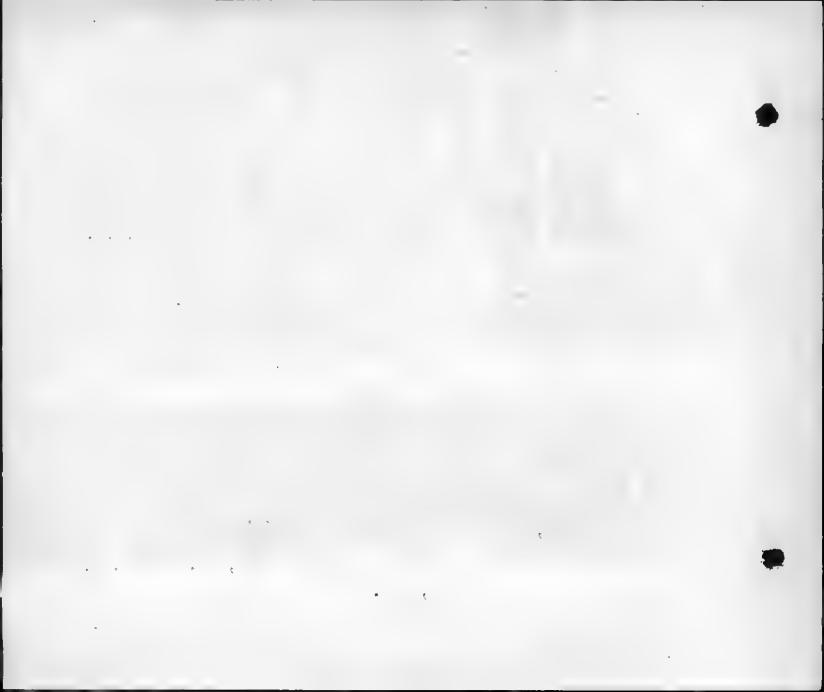
by the hospital or attending physician.

R: After this certificate has been signed by the attending physician and campletely filled in by lacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 in to burial, cremation, or removal, and in any event within 72 houselfer death.

ATTENDING HIVE SHAWS The faw requires that the death certificate be executed within 24 hours ofter death. Page 4

TO MOSPITAL DR	may be retained	TO FUNERAL DIF	poge 3 shauld	the registrar price
1	SN	A15	S (4 0/S	7

		22201	CERTIFIC	y A II	e OF DE	MIL	1		Reg. Di	ist. No.		
	1. PLACE OF DEATH a. COUNTY	Ca roline	MARYLAN	2	usual Residende . STATELIAT	yla	ere decessed	b. COUNTY	Caro	lin	e admis .e	sion)
	RURAL ond give s	(If autside corporate limits, wri recrest town) Henderson	c. LENGTH OF STAY IN T	·	city or tov Rural			rote limits, write f	URAL ond	give nea	rest law	n}
	d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give str None	reet oddress)	i	d. STREET ADD	RESS		None	· · ·	-	ON YES	FARM?
	3. NAME OF DECEASED (Type or print)	Annie	Middle	P	abl y		4. DATE OF DEATH	10		28	5	Yeo / 58
₽(5. SEX Male	2220 A A	NEVER MARRIED DIVORCED	B. D.	TE OF BIRTH 17/188	31		9. AGE (In years resulted birthdoy) yrs.	IF UNDER Months	Doys :	Hours	Min
	Housew:	(king life, even if refired)	None	DUSTRY	Gern			ountry)		S.A		COUNTRY
1	13 FATHER'S NAME	? Hoffman					cord					
/		ER IN U. S ARMED FORCES? [If yes, give war or dates of service]		Mar Mar		er	Hend	erson,	Lary	ylar	ıd	
	PART I. DE. Gonditions. If a gove rise to couse (o), storing lying cause lost.	the under-		rio	sis of sclero			artery diovasc	ular	ONS		DEATH
	200. ACCIDENT W	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1 200. ACCIDENT WAS UNDERLYING D. 200. DESCRIBE HOW IN IURY OCCURRED. (Enter polyure of injury to Port Lot Part II of them 18.1)										
	Y 20c. TIME OF INJUI Hour a. m.	WI	d INJURY OCCURRED 20e. hile Not while work of work	PLACE (foctory,	OF INJURY (Hon street, office blo	ne, form	20f (City	or lown]	((County)		(Slole)
21. I certify that I attended the deceased fram. Oct. 18., 19.58 to Oct. 28., 1958, that I last saw to alive on Oct. 28., 1958, and that death accurred at M. fram the causes and on the date standard of the course											e stati	ed abave ATE SIGNE
	20. BURIAL, CREMAT C REMOVAL (Specify, BULLI al	DN, 226. DATE THEREOF 10/31/58	22c. NAMP OF CEMETERY H oly Cr	OR CR				on (City, town,		oro	(Stot	d.
	230 FUNERAL DIRECTOR	es signature	renslow	m	1	a. REC'E	BY REGIST		STRAR'S SIG			



11149

	22200	GERTITION	III OI DEAII		Reg. Dist. No.
	o COUNTY Caroline	MARYLAND	2 USUAL RESIDENCE (WHO STATE MATY	ere deceased lived. If institution Land b, COUNTY	Residence before admission) Caroline
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Federalsburg	c. LENGTH OF STAY IN 16		utside corporote limits, write RUR alsburg	RAL and give nearest town)
)	d NAME OF HOSPITAL (If not in hospital, give street or institution 302 Maple Avenue	oddress)	302 Maple	Avenue	e. IS RESIDENCE ON A FARM? YES NO 13
	3 NAME OF First DECEASED (Type or print) Harry	Middle Sh	arpless	4. DATE Month OF Octo	ber 26 Year 58
\	5 SEX 6. COLOR OR RACE 7. MARR White WIDOWE	ED DIVORCED		1880 78 birthday) 7	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
)	10a. USUAL OCCUPATION (Give kind of work done) 10b during most of working life, even if refired) Retired Machinist — Sun Si		New Bedfo		U.S.A.
	13 FATHER'S NAME Henry Sherpless		14 MOTHER'S MAIDEN N	IAME	
		195-03-9338 Mr	s. Sara D. S	Addres harpless, Feder	
	18. CAUSE OF DEATH (Enter only one couse per line PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which)	Paraly	inal O	Columbion	INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate couse (o), stoling the under-lying couse lost. (b) DUE TO	0 1			
5	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN	VIN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED	(Enter nature of injury in f	ort I or Part II of item 18 }	
	Hour o.m. While		CE OF INJURY (Home, farm ary, street, office bldg., etc.		(County) (State)
	21. I certify that I attended the decease alive on 12. 12. ACTUAL SIGNATURE Trank M. C.	177.0			that I last saw the deceased d on the date stated above DATE SIGNED 10-27-58
1	PHYSICIAN'S Frank M. Anderso	n, M.D.	Federals	burg, Maryland	
	22a. Burial, CREMATION, 22b. Date THEREOF REMOVAL (Specify) Burial Oct. 28,1958	22c NAME OF CEMETERY OR Hill Crest Co	CREMATORY Ometery	nd tocation (City, lown, or Federalsburg,	county) Plaryland (Stote)
	33 FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Fede	ADDRESS eralsburg, Mary	land DATE	2 8 58 REGISTRAR 245 REGISTR	RAR'S SIGNATURE

TO HOINTAL OF LITENBING MYSICIAN: The low requires that the death pertificate as executed within all hours ofter dath. Tage 4 may be retained by the haspital or attending physician

TO FUNERAL DATA STOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 mid be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after Leother. VS A15 (4) 15M 9/55

13

I



may be retained by the hospital or attending physicion.

TO FUNERAL DIFFE OR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registror profit to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11157 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

			Reg. Dist. No.
1.	PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If a state b. CC	institution; Residence before admission)
4	B. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	c. CITY OR TOWN (Ill-outside corporate limits	write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO []
3.	NAME OF DECEASED (Type or print) CLATLES ANDRE	W TAYLOR 4. DATE OF DEATH	Month Day Year 1958
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH Ung 5, 1882 9. AGE (In last birth	years IF UNDER 1 YEAR IF UNDER 24 HPS hday) yrs. Manths Days Hours Min.
L	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	JSTRY 11 BIRTHPIACE (Stole or foreign country)	12 CITIZEN OF WHAT COUNTRY
L	FATHER'S NAME Pratt T. Taylor	14. MOTHER'S MAIDEN NAME (1) I'll	
15	is, no. or unknown) (If yes, give wor or dates of service)	org Charles Tay Cor,	Address Tory less,
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and, (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lies Penul Places	INTERVAL BETWEEN ONSET AND DEATH
l	Conditions, If any, which) (b)	U	
l	gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURN OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item	18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of wark of wark	LACE OF INJURY (Hame, form, clary, street, office bldg., etc.)	(County) (State)
l	21. I certify that I attended the deceased fram.	1955, to (47 4 , 1 h occurred at 6 13 AM, from the cau	9.58 that I last sow the deceased
l	ACTUAL SIGNATURE AGUIS 10-11 T GC101-G1	ADDRESS (Street, city or	
L	PHYSICIAN'S DAWSDA C. GEORGE		
22	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d LOCATION (City.)	town, or county) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE LOCAL ADDRESS	240. REC'D BY REGISTRAR 24b	REGISTRAR'S SIGNATURE

23 FUNERAL DIRECTOR'S SIGNATURE

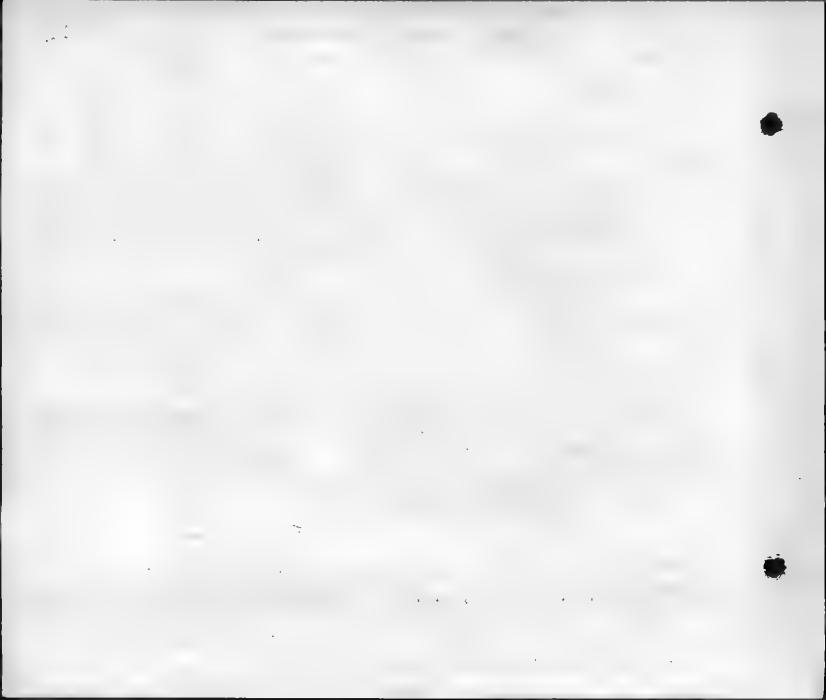
11151

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland b. COUNTY Caroline c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Federalsburg e. IS RESIDENCE ON A FARM? 320 North Main Street YES NOTE 4. DATE 19 58 October 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HES Days November 29, 1904 12. CITIZEN OF WHAT COUNTRY? Caroline Co., Maryland 14. MOTHER'S MAIDEN NAME Eva G. Murphy Address Mrs. Bruce A. Hartzell, Federalsburg, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO X 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) __, 1955,that I last saw the deceased M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 126 Bloomingdale Federal shurg. Maryland 22d LOCATION (City, lawn, or county) Federalsburg, Maryland 240 REC'D BY REGISTRAR DATE OCT 1 4 58 246 REGISTRAR'S SIGNATURE

J.J. Framptom and Son, Federal sburg, Maryland

ADDRESS

Circhay S. Thous



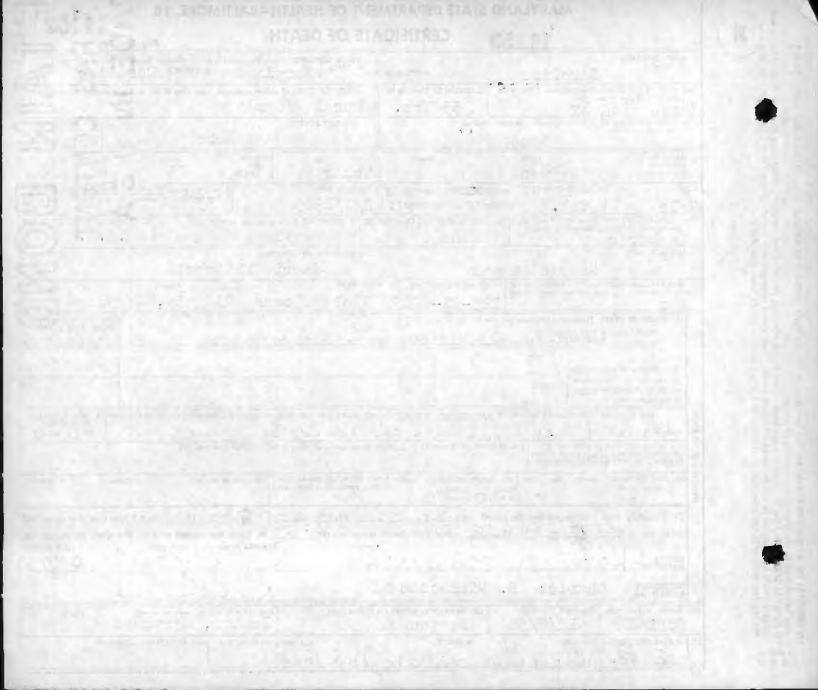
1	1		1	
_	(H)	
5	=/	_	1	

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

		198	CEIVII	IIOMI	E OI DEAII			Reg. Di	st. No.	-	
1, PLACE OF DEATH o. COUNTY	Caroline	9	MARY	- 11	. USUAL RESIDENCE (W	here deceased	d lived. If institution b. COUNTY	after .	oli:		ion)
RURAL and give	(If outside corporate limiterest town) lgely	ts, write	c. LENGTH OF STAY		Rural Ric		rate limits, write R	URAL ond	give neco	rest fowr	1)
d. NAME OF HOSP OR INSTITUTION	tTAL (If not in hospital, o		oddress)	1	d. STREET ADDRESS]	None		0		FARAS
3. NAME OF DECEASED (Type or print)	Raymo	_	Middle	Th	lomas	4. DATE OF DEATH	10	th	Day 4		7eor 1958
s. sex Male	6. COLOR OR RACE	7. MARI	ED DIVORCE		2/1/1905		9. AGE (In years lost burthday)	Months	1 YEAR Days	Hours	R 24 HRS Min.
during most of wor	ION (Give kind of work rking life, even if retired	done 10b.	None	R INDUSTR	11. BIRTHPLACE (Slote Mary)		ountry)		S.		COUNT
3. FATHER'S NAME	George !	Thom	25		Carri		itchett				
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO				Ridgely		ryl	and	
PART I. DE. 49/X Conditions, if a gove rise to couse (o), stoling lying couse lost.	the under-	B	RONEN	<u> </u>	PNeur		A -		ONSE	18	DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPS PERFORMED? YES NO [200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)											
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	200. 005	CIBBLE FIGURE INSULT OF	CCURRED, (I	carec morpre or injury in	ron i or ron	i ii or item 18.,				
20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Day, Yea	20e. PLACE factory	OF INJURY (Home, form r, street, office bldg., etc	n, 20f. (City	or town)	· ((County)		(State		
21. I certify that I attended the deceased from 1953 to 154, 1954, that I last saw the deceased olive on 1954, 1955, and that death occurred at 154 M, from the causes and on the dote stoted above. ADDRESS (Street, city pr town, stote) DATE SIGNED PHYSICIAN'S Charles H. Winnacott MD Column 1953 to 154 M, from the causes and on the dote stoted above. DATE SIGNED PHYSICIAN'S Charles H. Winnacott MD											
BULL SPECIFY	10/7/	58	Denton	TERY OR C	REMATORY	Dent	on, Mar	y county)	nd	(Slote	b)
SUNERAL DIRECTOR	es signature	Gr	ADDRESS REVALO	to.		D BY REGIST		TRAR'S SIG	GNATURE T, Trai	i.e	



	1. PLACE OF DEATH o. COUNTY	ATE OF DEATH 2. USUAL RESIDENCE (Where decaosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston — Rural d. STREET ADDRESS Near Smithson o. 15 RESIDENCE ON A FARM YES M NO									
	b. CITY OR TOWN RURAL and give r Presto										
0	d. NAME OF HOSPI OR INSTITUTION										
	3. NAME OF DECEASED (Type or print)	Fin Ma ri	-	Middle	Worm	4. DATE OF DEATH	Octob		22 00		Year 19 5
	5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH March 19.	1.868	9. AGE (In years lost birthdoy) 90 yrs.	IF UNDER		Hours	ER 24 H
	100. USUAL OCCUPATION during most of work Housewor	STRY 11. BIRTHPLACE (State or foreign country) 12. CIT Austria				U.S.A.					
13. FATHER'S NAME Paul Babor					Maria Sebesty						
	15. WAS DECEASED EV	ER IN U. S. ARMED FORI (If yes, give wor or doles of se			Mrs. Fannie	Quidas,	Preston		ylar	id,RF	D
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac Decompensation DUE TO								ERVAL BE		
	Conditions, if any, which gave rise to immediate couse (a), stating the under lying cause lost. (b) Right Hemaplegia (c) Jeneralized arthrevacteries								6	76	ing
0									P. WAS / PERFO YES [RMED	

MEDICAL 20c. TIME OF INJURY 20a. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED 20f. (City or lown) (State) (County) o. m. While Not while at work at work 1958, that I last sow the deceased 21. I certify that I attended the deceased from and that death occurred at 4 _M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 10-23-58 PHYSICIAN'S Preston, Maryland Harold B. Plummer, M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 72c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify)
Burial Junior Order Cemetery 25,1958 Near Preston, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland DATOCT 2 7 '58 Carrier S. Kraus

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH AND DESCRIPTION OF THE PARTY OF